PATENT APPLICATIO	N PEE DET	ERMINATIO	N RECOF	RD	-	0657	W	ৎ	
	ve January FILED - P		·	SMAL			7	OTHER	THAN
	(Column 1)		nn 2)	TYPE	C	.	OR	SMALL	
TOTAL CLARES	1				E	FEE		RATE	FEE
OR.	MUMBER FIL	SO NURSE	NUMBER EXTRA		PES	375.00	OR	BASIC FEE	750.00
TOTAL CHARGEABLE CLAIMS	THE PARTY	20-		X\$	8=		О R	X\$18=	
OFFEIDENT CLAIMS) intro	33= 4		X4:	ک ے ,		OR	X84≖	
AULTIPLE DEPENDENT CLAIM P	Resent	• • •		+14	0=		OR	+280=	
If the difference in dolumn Tis	tess than zero	enter "O" in c	olumn 2	.101		375	OR	TOTAL	
/ Tyle CLAMS AS	413.5	114	·					OTHER	THAN
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CLABAS CLABAS		Helest Remark	PRESERT			AOOL	-	O THE	-ABBI-
APTER.		PADFOR	EXTRA	RA	1E	TYONAL FEE		RATE	TIONAL FEE
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OLAMAS DE REMAINDEM APTER ALIENCMEN		PREVIOUSLY	PRESENT	N	ITE.	ADDI- TIONAL		RATE	TIONA
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